

## VITAMIN GRANT APPLICATION

1. Name of Organization:

2. Type of Organization

- ☐ Corporation    ☐ Limited Partnership    ☐ Other: \_\_\_\_\_  
☐ Association  
☐ Limited Liability Company

3a. Contact Person:

3b. Email Address of Contact Person:

3c. Name of Individual Filling out Application

4a. Business Address:

4b. Contact Information:

Phone Number:

Alternate Phone Number:

5a. Website:

5b. Email Address of organization:

5c. Fax:

6a. Is your Organization a    ☐ Non-Profit    ☐ Charitable    ☐ Political Subdivision

6b. Tax ID #: \_\_\_\_\_

6c. Non-Profit ID #: \_\_\_\_\_

6d. Years your organization has been in existence: \_\_\_\_\_

7. Staff Information:

Number of Full Time Staff \_\_\_\_\_

Number of Part Time Staff \_\_\_\_\_

Number of Full Time Volunteers \_\_\_\_\_

Number of Part Time Volunteers \_\_\_\_\_

Provide name, title and years of service of key staff including brief job descriptions:

### 8. Please attach a detailed annual budget for your organization to this grant application

8a. Annual Budget of your Organization \_\_\_\_\_

8b. What portion of your present funding is used for administrative expenses? \_\_\_\_\_

8c. Please list the sources and amounts from each source of present funding:

1.

2.

3.

4.

9. Has your organization received settlement funds from the Department of Attorney General in the past?

☐ Yes ☐ No

If yes, please explain and specify amounts received and the name of the program.

10. Please list and explain three major accomplishments of your organization in the last three years

1.

2.

3.

**Project Information**

The Project shall have the express purpose of improving the health and/or nutrition of the citizens of the State of Rhode Island and/or the advancement of nutritional, dietary or agricultural science.

Proposed Title: \_\_\_\_\_

Amount Requested: \$\_\_\_\_\_

Number of full-time, part-time and/or volunteer staff required for the proposed program:

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer \_\_\_\_\_

Estimated number of Rhode Islanders this program would serve and basis for this number:

What geographical area of the State would this project serve?

How will your organization evaluate its progress towards meeting the proposed goals and objectives of this program?



**PROJECT NARRATIVE AND BUDGET**  
**(Please attach to end of application)**

**The Project Narrative** should provide a more comprehensive description of the proposal. This should be no more than FIVE pages and should include the following:

- Major innovations and uniqueness of the proposed program.
- Specific details of the plan and its benefits.
- Location of the population including estimated numbers of people that would benefit from the program.
- Strategies that would be used to implement the program.
- Community support for the project.
- How the goals of this program can be realistically accomplished in a one-year period.
- What will happen to the program after the grant expires.
- The success your organization has had in designing and implementing new programs.
- Projected staffing and budget.
- How your organization will evaluate the program.

Please provide a brief outline or summary of **The Annual Budget** for the proposed program with a one to three paragraph project abstract that briefly describes the program's purpose, including how it will serve the health and/or nutrition of the citizens of Rhode Island or advance nutritional or dietary agricultural science. Include the reasons this program will help the people of Rhode Island and the strategy used to accomplish these goals.

**PROJECT BUDGET DETAIL WORKSHEET: DEFINITIONS AND CLARIFICATIONS**

With the project's budget outline please include the costs of A. Personnel; B. Fringe Benefits; C. Travel; D. Equipment; E. Supplies; F. Construction; G. Consultants/Contracts; H. Define Total Direct Costs; I. Indirect Costs and state the TOTAL COSTS, and also the Amount of your Grant Request

- A. Personnel-** List each position to be funded by title and name of employee, if available. Show the annual salary and the percentage of time to be allocated to the project. Compensation of employees engaged in grant activities must be consistent with that paid for similar work within the organization/agency.
- B. Fringe Benefits-** Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and Unemployment Compensation.
- C. Travel-** Itemize travel expenses of project personnel.
- D. Equipment-** List all non-expendable items to be purchased.
- E. Supplies-** Use your discretion when deciding on supplies
- F. Construction-** As a rule, construction costs are not allowable, however minor repairs may be permitted.

**PLEASE BE ADVISED:** Any organization that receives funds through the Vitamins II settlement will be required to file a report with the Rhode Island Department of Attorney General describing how the funds were used at the conclusion of the project.

**CIVIL RIGHTS CERTIFICATE**

I hereby certify that \_\_\_\_\_ prohibits discrimination on the basis of race, color, national origin, religion, creed, age, sex, disability or sexual orientation in its employment practices and in the delivery of services.

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

*STATE OF RHODE ISLAND  
COUNTY OF PROVIDENCE*

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
*Notary Public*

*Print Name:* \_\_\_\_\_

*My Commission Exp.* \_\_\_\_\_

**DECLARATION**

I hereby declare under the penalty of perjury that the information contained in this application and the attachments thereto are accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title  
STATE OF RHODE ISLAND  
COUNTY OF PROVIDENCE

\_\_\_\_\_  
Notary

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
*Notary Public*

*Print Name:* \_\_\_\_\_

*My Commission Exp.* \_\_\_\_\_